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APPLICANTS

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**** CONTINUING DATA *******
NONE *AR*

**** FOREIGN APPLICATIONS *******
NONE *AR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 03/10/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 3	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *AR*
 Examiner's Signature Initials

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TITLE
 Attenuated film with etched quartz phase shift mask

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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